Tokyo Residents' Awareness Regarding COVID-19 Vaccination

(From the "Survey Results of 10,000 Tokyo Residents" conducted by the Tokyo iCDC Risk Communication Team)

Survey of 10,000 Tokyo Residents Conducted by the Tokyo iCDC Risk Communication Team

➢ **The Tokyo Metropolitan Government has conducted an annual survey of Tokyo residents since February 2021 regarding responses to COVID-19, in order to ascertain the actual state of residents' awareness of COVID-19 and how they are taking action.**

- **Survey Method:** Internet-based survey
- **Survey Subjects:** Individuals in their 20s to 70s who have an address in Tokyo
- **Sampling Method and Sample Size:**
  - Quota sampling based on gender, age composition, and place of residence in proportion to the population ratio of Tokyo
  - **Approximately 10,000 samples**
- **Survey Period: February–March each year**
- **Survey Items:**

○ **Experience with COVID-19 and aftereffects**

○ **Feelings regarding COVID-19**

○ **Current infectious disease prevention measures**

○ **Antimicrobial resistance, antimicrobial agents, and antibiotics**

○ **Information regarding infectious diseases**

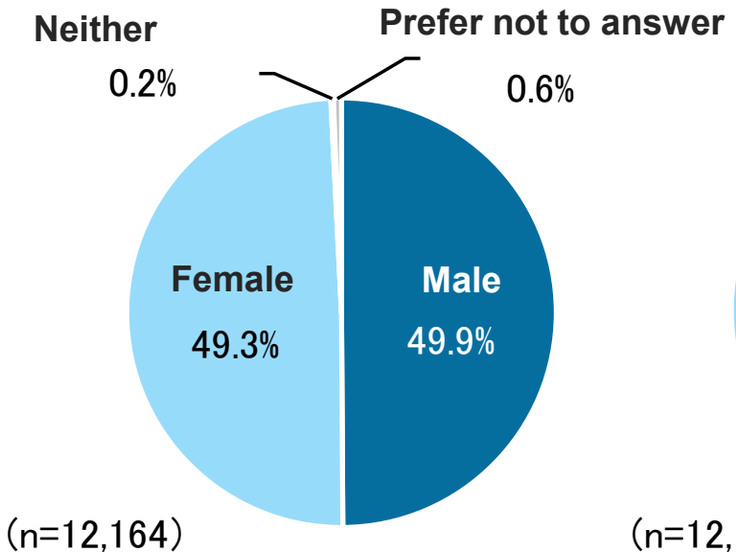
○ **Infectious disease control measures during disasters**

○ **Perspectives on and preparedness for a new pandemic**, etc.

Basic Attributes of Valid Respondents (Survey Conducted in February 2025)

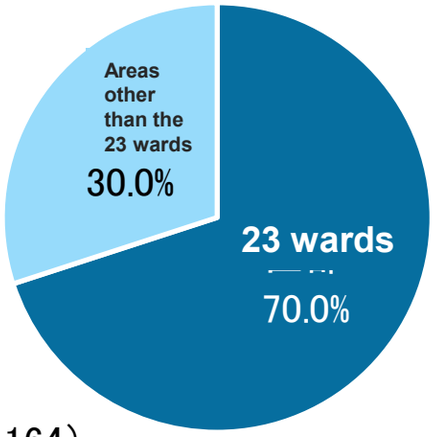
Valid responses (n = 12,164)

Gender of Respondents



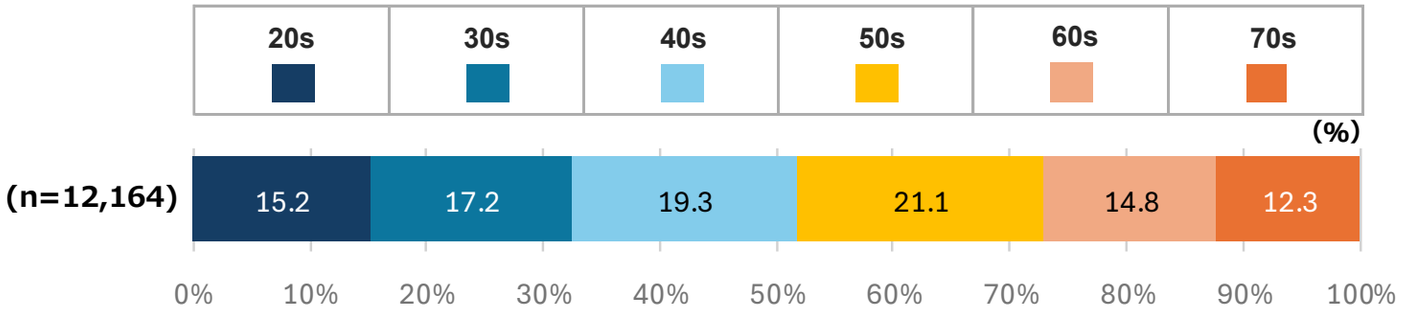
(n=12,164)

Place of Residence of Respondents



(n=12,164)

Age Group of Respondents



*Because the composition ratios in these survey results are rounded to the second decimal place, the totals may not necessarily equal 100%.

Occupation of Respondents

(Unit: %)

Managerial workers	7.3
Professional and technical workers	12.3
Clerical workers	17.3
Sales workers	4.2
Service workers	11.5
Protective service workers	0.7
Agriculture, forestry, and fisheries workers	0.1
Production process workers	1.5
Transportation and equipment operators	1.0
Construction and mining workers	1.0
Material handling, cleaning, and packaging workers	1.9
Unclassified occupations	3.5
Full-time homemaker	12.6
Student	2.6
Unemployed	15.0
Prefer not to answer	7.5
Total	**100.0**

Based on responses regarding vaccination from the "Survey of 10,000 Tokyo Residents" conducted by the Tokyo iCDC Risk Communication Team (February 2025), the results are presented according to the following classifications:

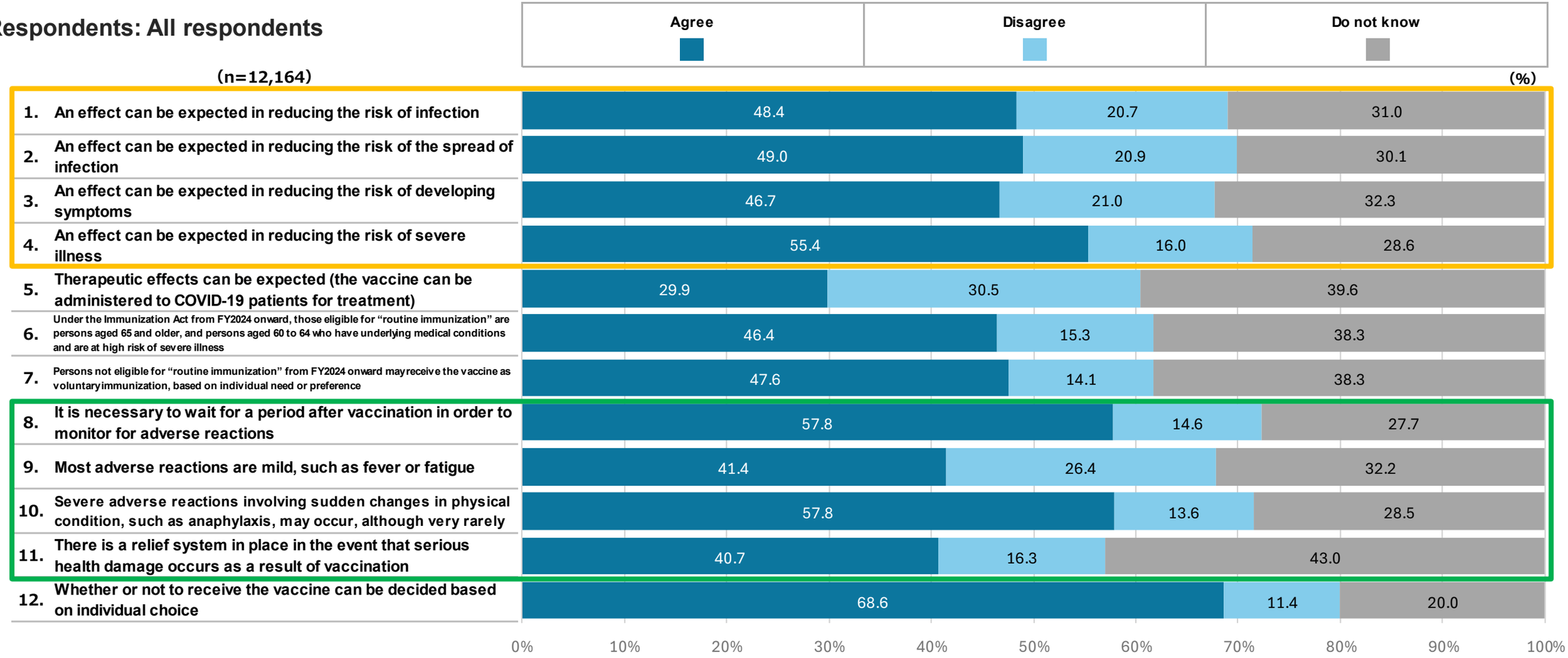
- **Yellow box: Responses concerning the image of vaccines**
- **Red box: Responses concerning out-of-pocket costs for vaccination**
- **Green box: Responses concerning adverse reactions after vaccination, etc.**

Q5: Views on the COVID-19 Vaccine

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

Respondents: All respondents

(n=12,164)

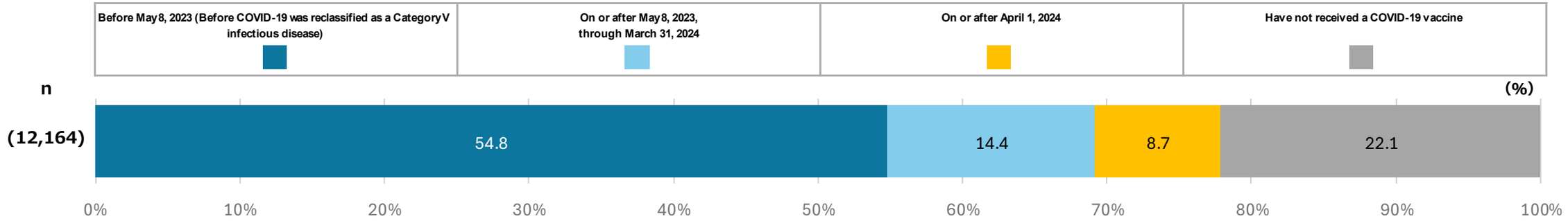


◆ **Nearly 70% responded "Agree" to "Whether or not to receive the vaccine can be decided based on individual choice" (68.6%), while nearly 60% agreed with "It is necessary to wait for a period after vaccination in order to monitor for adverse reactions" and "Severe adverse reactions involving sudden changes in physical condition, such as anaphylaxis, may occur, although very rarely" (both 57.8%).** Meanwhile, approximately 30% responded "Disagree" to "Therapeutic effects can be expected (the vaccine can be administered to COVID-19 patients for treatment)" (30.5%), representing a relatively high proportion.

Q6: Most Recent Timing of COVID-19 Vaccination

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

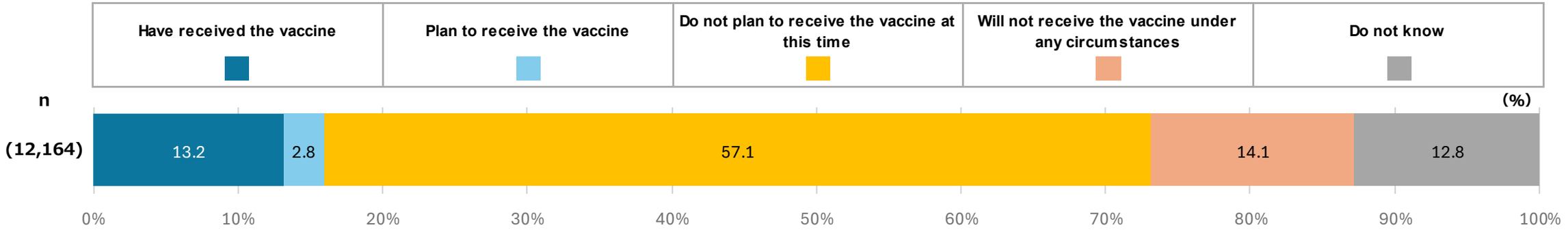
Respondents: All respondents



◆ **"Before May 8, 2023 (before COVID-19 was reclassified as a Category V infectious disease)" (54.8%) was the highest at over 50%.** Meanwhile, "Have not received a COVID-19 vaccine" (22.1%) remained at approximately 20%.

Q7: Vaccination Status and Intention Regarding the COVID-19 Vaccine Since Autumn 2024

Respondents: All respondents



◆ **"Have received the vaccine" (13.2%) remained at approximately 10%.** Meanwhile, "Do not plan to receive the vaccine at this time" (57.1%) was relatively high at nearly 60%.

Vaccination Record Based on VRS Data (Reference)

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

Vaccination Status of Tokyo Residents Based on VRS Data (Through March 30)

Number of Doses Administered and Vaccination Rate of Tokyo Residents

	Total Population		Of which, Older Adults		Of which, Children		Of which, Infants and Young Children	
	Number of Doses Administered	Vaccination Rate	Number of Doses Administered	Vaccination Rate	Number of Doses Administered	Vaccination Rate	Number of Doses Administered	Vaccination Rate
Total Number of Doses Administered	45,415,372	-	17,066,144	-	476,911	-	90,828	-
First Dose	11,280,868	81.5%	2,968,471	94.6%	185,063	24.5%	31,304	6.4%
Second Dose	11,203,614	80.9%	2,961,857	94.4%	177,091	23.4%	29,183	6.0%
Third Dose	9,357,539	67.6%	2,868,608	91.4%	78,023	10.3%	22,813	4.7%
Fourth Dose and Above	13,573,351	-	8,267,208	-	36,734	-	7,528	-

Vaccination Status for the Autumn 2023 Vaccination Campaign

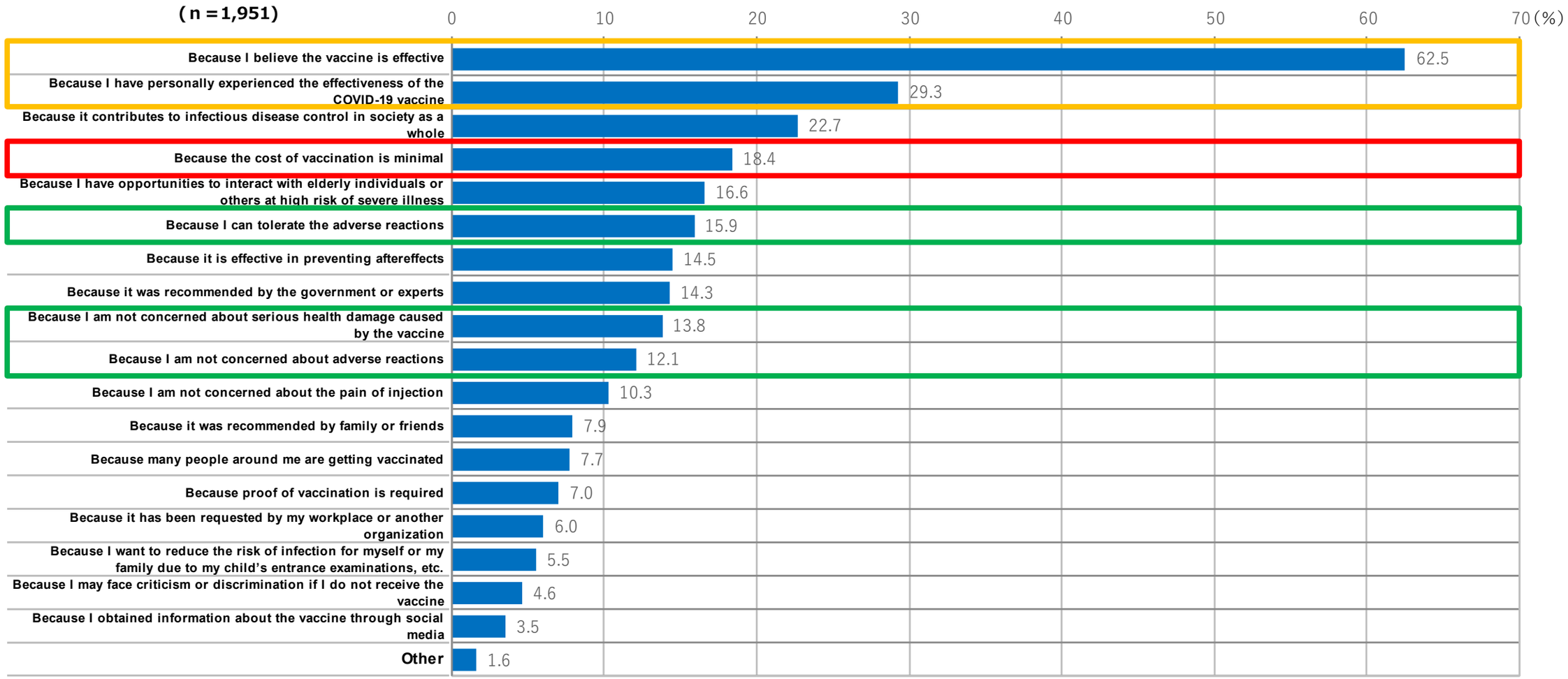
Vaccination Rate of Tokyo Residents

	Vaccination Rate of Tokyo Residents	Population Base	[Reference] National Vaccination Rate
Vaccination Rate Relative to the Total Population	20.1%	13,841,568	22.7%
Vaccination Rate Relative to the Older Adult Population (Aged 65 and Over)	54.4%	3,137,840	53.7%

Q7-a: [For Those Who Have Received or Plan to Receive the Vaccine] Reasons for Receiving or Planning to Receive the COVID-19 Vaccine

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

Respondents: Those who answered in Q7 that they “Have received” or “Plan to receive” the COVID-19 vaccine

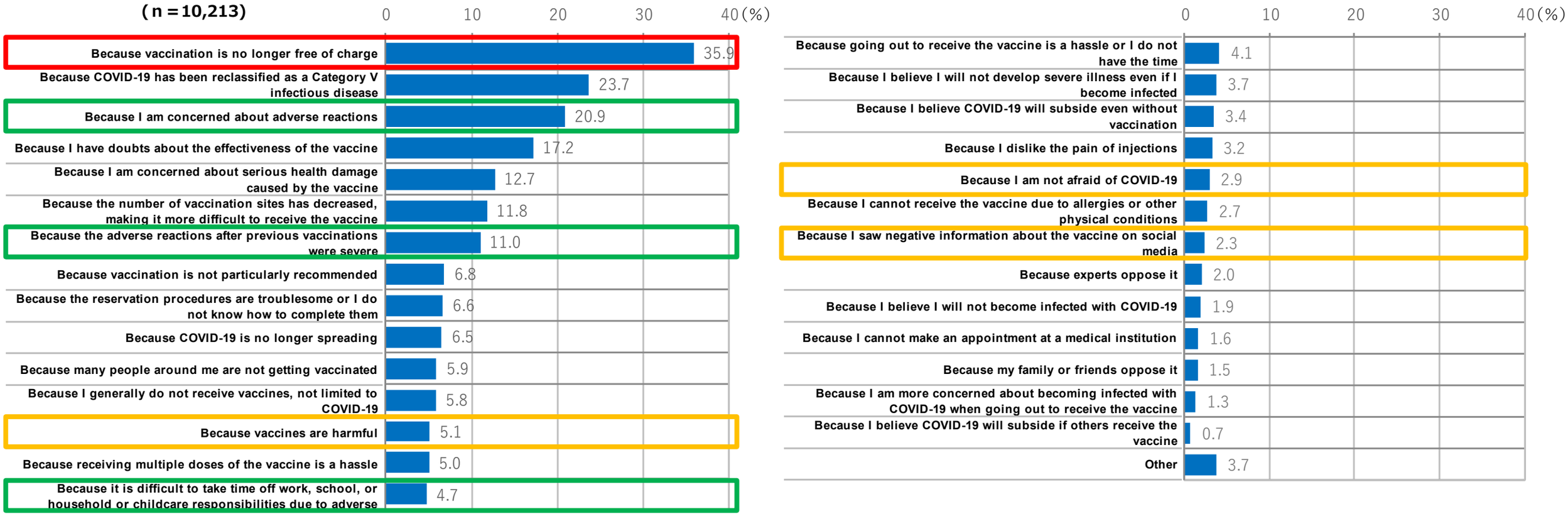


◆ “Because I believe the vaccine is effective” (62.5%) was notably the highest at over 60%, followed by “Because I have personally experienced the effectiveness of the COVID-19 vaccine” (29.3%), “Because it contributes to infectious disease control in society as a whole” (22.7%), and “Because the cost of vaccination is minimal” (18.4%), among others.

Q7-b: [For Those Who Do Not Plan to Receive the Vaccine at This Time / Will Not Receive the Vaccine Under Any Circumstances / Do Not Know] Reasons for Not Receiving the COVID-19 Vaccine

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

Respondents: Those who answered in Q7 that they "Do not plan to receive the vaccine at this time," "Will not receive the vaccine under any circumstances," or "Do not know" regarding the COVID-19 vaccine

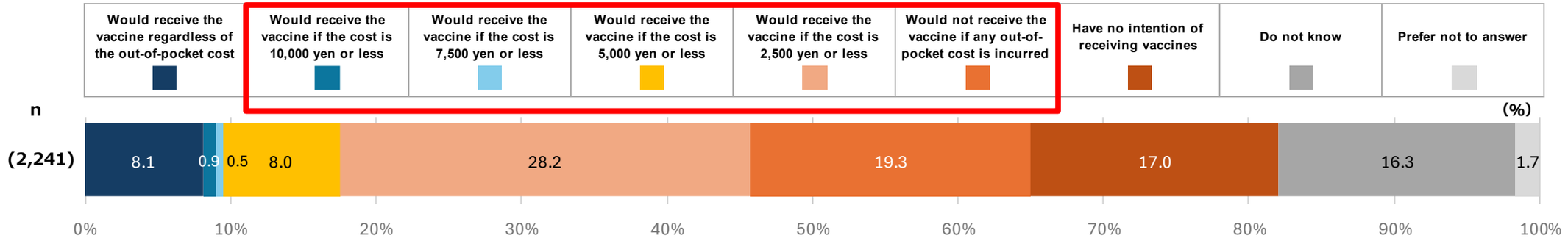


◆ **"Because vaccination is no longer free of charge" (35.9%) was the highest at approximately 35%,** followed by "Because COVID-19 has been reclassified as a Category V infectious disease" (23.7%), **"Because I am concerned about adverse reactions" (20.9%), and** "Because I have doubts about the effectiveness of the vaccine" (17.2%), among others.

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

Q8-a: [Aged 65 and Over] Intention to Receive the COVID-19 Vaccine Among Persons Aged 65 and Over

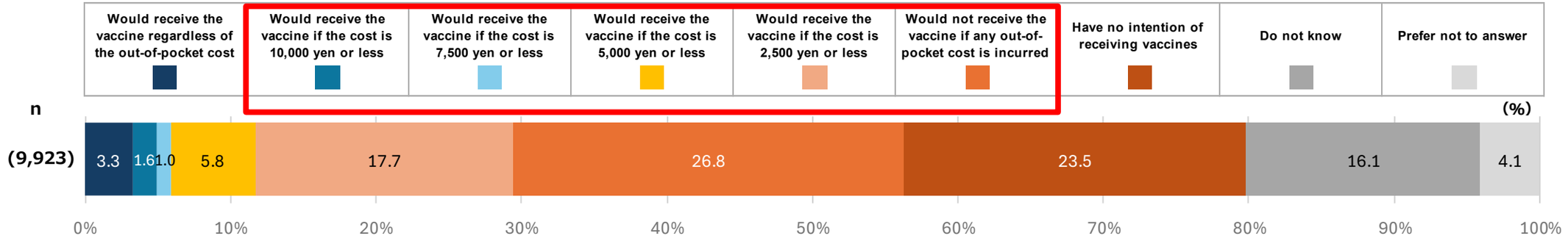
Respondents: Those who answered that they are aged 65 and over



◆ **“Would receive the vaccine if the cost is 2,500 yen or less” (28.2%) was the highest at nearly 30%,** followed by “Would not receive the vaccine if any out-of-pocket cost is incurred” (19.3%) and “Do not intend to receive vaccines in general” (17.0%), among others.

Q8-b: [Under Age 65] Intention to Receive the COVID-19 Vaccine Among Persons Under Age 65

Respondents: Those who answered that they are under age 65



◆ **“Would not receive the vaccine if any out-of-pocket cost is incurred” (26.8%) was the highest at nearly 30%,** followed by “Do not intend to receive vaccines in general” (23.5%), **and “Would receive the vaccine if the cost is 2,500 yen or less” (17.7%),** among others.

Q15: Thoughts Regarding COVID-19 (Open-Ended Responses)

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

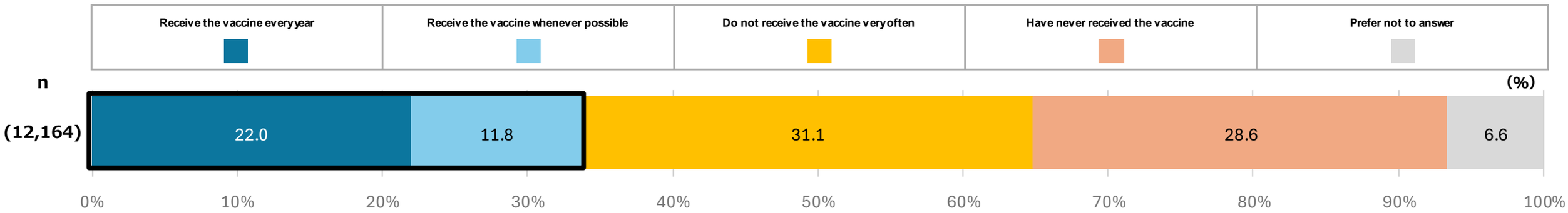
Do not want to become infected / Infection prevention measures are necessary / Afraid of aftereffects	“I do not want to become infected, so I intend to do what I can.” (Male, 60s) “Having been infected once and experienced severe symptoms, I want to take proper infection prevention measures to avoid becoming infected again.” (Female, 20s) “As many things are still unclear and it is uncertain when or where another pandemic could occur, and because I am afraid of aftereffects, I will continue preventive measures to avoid infection.” (Female, 70s), etc.
The pandemic has not ended / Want it to end soon / Still afraid	“It is highly likely that it will take several more years before the outbreak comes to an end.” (Male, 40s) “I wonder when it will finally end. I hope it disappears as soon as possible.” (Female, 50s) “Although it is still a frightening infectious disease, people around me are taking no precautions at all, and I am constantly anxious about when I might become infected.” (Female, 40s), etc.
Anxious because many people are not taking infection prevention measures such as wearing masks	“There are far too many people who do not wear masks or even cover their coughs with a handkerchief, which is frightening.” (Female, 30s) “I am concerned that people around me have become far too indifferent.” (Male, 70s), etc.
Want effective treatments / Want a specific cure	“If a medication effective against COVID-19 could be easily purchased at a low cost, I think the fear would disappear.” (Female, 40s) “I hope a simple and effective treatment is developed soon. I would like it to become something that can be treated by visiting a doctor and receiving medication as usual.” (Male, 50s), etc.
Doubts about the effectiveness or safety of vaccines / Do not want to be vaccinated	“Even though I was vaccinated, I contracted COVID-19 and experienced severe symptoms, so I can no longer trust the effectiveness of the vaccine.” (Female, 30s) “I am afraid of the adverse reactions and do not feel it is necessary to get vaccinated.” (Male, 40s), etc.
Information is insufficient / Want more information	“There is less information about infections than before, but since there are still many infected individuals, I think information is necessary for raising awareness.” (Female, 60s) “It seems that it is hardly discussed worldwide now, but I would like to know what the actual situation is.” (Male, 70s), etc.
The same as influenza / An ordinary cold	“Just like influenza or the common cold, I believe that if we are prepared in advance, we will be fine even if we become infected.” (Female, 40s) “I think COVID-19 can now be treated the same as a common cold.” (Male, 20s), etc.
Already over / No longer concerned / Interest has declined	“I consider it to have already ended. I do not think the term ‘novel’ is appropriate anymore.” (Male, 40s) “It feels like it is now treated the same as influenza, so I do not pay much attention to it.” (Female, 30s) “As media coverage of COVID-19 has decreased, I have become less concerned about it.” (Male, 50s), etc.

- Many respondents indicated that they believe the pandemic has not yet ended, and a considerable number consider infection prevention measures such as mask-wearing and handwashing to remain necessary.
- While many expressed a desire for effective treatments, **a notable proportion voiced negative opinions regarding vaccines, including doubts about their effectiveness and safety.**
- On the other hand, some respondents consider COVID-19 to be similar to influenza or the common cold, and a certain number indicated that they no longer pay close attention to it or that their level of concern has declined.

Q17: Status of Seasonal Influenza Vaccination

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

Respondents: All respondents



◆ **“Receive the vaccine every year” (22.0%) accounted for just over 20%.** Meanwhile, “Have never received the vaccine” (28.6%) accounted for nearly 30%.

Q37-a: Specific Experiences of Prejudice or Discrimination from Others Related to COVID-19 or Other Infectious Diseases (Open-Ended Responses)

Discrimination, prejudice, or coercion related to being unvaccinated	“I was looked at coldly for not receiving the vaccine and was deeply hurt. It was supposed to be a matter of personal choice, yet I experienced severe discrimination and found it difficult to continue working.” (Female, 30s) “I was questioned about why I did not get vaccinated and was viewed with suspicion.” (Male, 30s) “People around me kept pressuring me to get vaccinated.” (Female, 40s), etc.
Mandatory mask-wearing / Criticism for not wearing a mask	“My supervisor at work forced me to wear a mask.” (Male, 60s) “When I was not wearing a mask, I was criticized as if it were unbelievable.” (Female, 50s), etc.
Discrimination or prejudice in the workplace	“When COVID-19 was spreading, I used a travel discount campaign to go on a trip and was reprimanded by my supervisor at work. I was treated as if I were contaminated.” (Female, 30s) “I was suspected of having COVID-19 and was told not to come to work.” (Male, 40s) “I contracted COVID-19 at work and passed it on to my family, and I was told, ‘It’s your fault.’” (Female, 40s), etc.
Discrimination or prejudice in regional areas	“When I returned to my family home in a regional area while in good health, relatives and neighbors kept their distance, saying that they might catch COVID-19 if they came near me.” (Female, 30s) “Because I moved to Tokyo from a rural area for work, when I returned home, I was told that I might bring the virus with me.” (Female, 20s) “During a business trip to a regional area, I was told not to come.” (Male, 50s), etc.
Discrimination or prejudice based on occupation	“As a healthcare worker, I was treated as if I were infected.” (Male, 40s) “When I was working in a COVID-19 ward, people acted as if they did not want me to come near them.” (Female, 50s) “Because I worked in customer service, I was told that people did not want to meet with me.” (Female, 40s), etc.
Discrimination or prejudice due to having been infected with COVID-19	“When I was infected with COVID-19, I may have transmitted it to others, and many people began avoiding me.” (Male, 20s) “When I contracted COVID-19, I was criticized for not having taken proper preventive measures.” (Female, 50s) “Even after I recovered and tested negative, my friends avoided me for two or three months, which made me feel sad.” (Male, 20s), etc.
Discrimination or prejudice despite not being infected with COVID-19	“When I coughed, I was looked at as if I were infected with COVID-19.” (Male, 20s) “Because I had even minimal contact with an infected person, people kept their distance and avoided physical contact with me.” (Female, 60s) “When a student in my child’s class was infected and the class was required to stay home, I was also sent home on the assumption that I might be infected.” (Female, 50s), etc.

- Yellow box: Image
- Red box: Out-of-pocket costs
- Green box: Adverse reactions

- In addition to **experiencing prejudice or criticism for not receiving the vaccine** or not wearing a mask, some respondents reported **being pressured to wear a mask or to receive the vaccine**.
- There were also cases of being treated unfairly in the workplace, as well as being refused when returning to or visiting regional areas from urban areas.
- Respondents reported not only discrimination due to having been infected with COVID-19, but also situations in which they were regarded as equivalent to infected individuals and subjected to prejudice for various reasons, including their occupation.

Opinions from Tokyo iCDC Experts

1. Role and Importance of Primary Care Physicians

- ✓ The survey results are **consistent with observations from clinical settings.**
- ✓ In particular, elderly individuals are more likely to proceed with vaccination when **a trusted primary care physician advises them during a regular medical visit that they should receive the vaccine.**
- ✓ There are cases in which **nearly a 100% vaccination rate has been achieved by providing thorough explanations to all outpatients.**
- ✓ In the WHO “Behavioural and Social Drivers of Vaccination Framework,” **“social processes,” including recommendations from trusted healthcare professionals, are identified as a major factor.**

2. Issues and Strategies by Target Group

- ✓ **Working-age population (adults)**

  While pediatricians are effective in encouraging vaccination among children, adults **may not have a regular primary care physician, making outreach more difficult.**

  Addressing concerns among those worried about the impact on work, such as taking leave due to adverse reactions, is also a challenge.

- ✓ **Younger population and children**

  It is necessary to **continuously communicate the importance of vaccination through school education and other channels.**

3. Cost Burden

- ✓ From the perspective of “practical issues (cost and access)” in the WHO framework, **cost is a major factor that lowers motivation to receive vaccination.**
- ✓ It is recognized that **pricing is closely linked to vaccination behavior.**
- ✓ Data indicate a tendency for **vaccination rates to decline in municipalities where the out-of-pocket cost is higher.**

4. Trust in Vaccination

- ✓ Unlike generations who directly experienced the threat of infectious diseases, younger generations today have only known a world in which diseases have been controlled by vaccines, and therefore tend to **focus primarily on the risks of adverse reactions.**
- ✓ There are indications that **this has negatively affected routine immunizations as well, with measles-rubella vaccination coverage falling below 95%.**
- ✓ Among the WHO 3C model, the impact of “Complacency” is significant, with perceptions such as **“It is not necessary to get vaccinated” or “It is just a common cold” becoming prevalent.**
- ✓ **The achievements of vaccination**, including evidence such as “tens of thousands of lives were saved during the fifth wave,” **have not been sufficiently communicated.**
- ✓ In response to highly impactful misinformation, **it is necessary to steadily disseminate accurate information using objective data and graphs through platforms such as X and LINE.**

It is important for local governments, academia, and private companies to collaborate in disseminating accurate information.